

☐ UNCLASSIFIED☐ INTERNAL  
USE ONLY☐ CONFIDENTIAL☒ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

CI/OA

NO.

C-91333

DATE

28 Apr 61

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

WH/4 2702 Qtrs "I"

2.

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15.

In accordance with the requirements of Form. (a) 5a (2) GSI 12-7 dated 16 September 1958, please review the attachments on Subject at FI/D and advise CI/OA in writing as to the significance of the information and your opinion as to its effect on the use of the Subject in the operational capacity requested.

Please append your signed comment below.  
[Signature]  
03

Info not derog.  
will not affect  
use.

[Signature]  
2 MAY 61

RETURN TO CIA  
Background Use Only  
Do Not Reproduce

FORM 1 DEC 58 610

USE PREVIOUS EDITIONS

☒ SECRET☐ CONFIDENTIAL☐ INTERNAL  
USE ONLY☐ UNCLASSIFIED

SECRET

REQUEST FOR INVESTIGATION AND (OR) NAME CHECK				DATE	
TO: Deputy Director of Security ATTN: MR. RALPH TOBIASZAK 2605 I				18 April 1961 per	
FROM: Chief, CI/Operational Approval and Support Division				PROJECT	
SUBJECT: C 91333 NO.				JHATE	
ONLY					
1. TYPE OF REQUEST			2. METHOD OF HANDLING		
<input checked="" type="checkbox"/> PDA	<input type="checkbox"/> OR	SPEC. IND.	<input type="checkbox"/> EXPEDITE	<input type="checkbox"/> POSTAGE	
3. INDICES RESULTS REQUESTED BY			4. FBI CHECK REQUESTED		
25 Apr 61			BY (Date) 28 Apr 61		
5. AREA OF SUBJECT'S ASSIGNMENT WH/L/CUBA					
6. USE OF SUBJECT Propaganda Asset					
7. INVESTIGATION NOT TO REVEAL INTEREST OF					
<input type="checkbox"/> U. S. GOVERNMENT		<input checked="" type="checkbox"/> CIA	<input type="checkbox"/> SEE REMARKS		8. COVER SUGGESTED FOR INVESTIGATION
					<input type="checkbox"/> OFFICIAL
					<input type="checkbox"/> CONFIDENTIAL
9. RESULTS OF TRACES					
FIELD TRACES NI OF V					
RI TRACES NDI					
DIVISION TRACES NDI					
10. ATTACHMENTS PDA-PART 1. <input checked="" type="checkbox"/> OTHER: BIO					
11. REMARKS					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 20px auto;"> P. O. A.  C/OA Advised _____  Date _____ </div> <div style="text-align: right; margin-top: 50px;"> <i>James C. ...</i>  <i>Perk</i> </div>					

FORM 6-56 693 USE PREVIOUS EDITIONS.

SECRET

(19)